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indicated unless correct maintenance fee notifica	ed below or directed oth	ig tile i ierwise	in Block 1, by (a	n) specifying a new corres	pondence address;	and/o	r (b) indicating a sepa	rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
79888	7590 04/12	/2010					of Mailing or Transı	nission
Mann+Humme Department VR- Hindenburgstr.	P 15			I her State addr trans	who certify that th	ic Beef	e) Transmittal is being	deposited with the United t class mail in an envelope above, or being facsimile te indicated below.
Ludwigsburg, 71 GERMANY	1638							(Depositor's name)
								(Signature)
								(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN		t ATI		RNEY DOCKET NO.	CONFIRMATION NO.
10/556,489 TITLE OF INVENTIO EFFICIENCY	11/14/2005 N: LIQUID DRIVEN	CENT	RIFUGAL SEPA	Andrew Samways RATION APPARATUS	AND OPEN VE		37141.55741US ROTOR WITH IMI	8448 PROVED
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1510	\$300	\$0		\$1810	07/12/2010
EXAMINER			ART UNIT	CLASS-SUBCLASS				
COOLEY, CHARLES E			1797	494-049000				
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
recordation as set fort (A) NAME OF ASSI	h in 37 CFR 3.11. Com GNEE HUMMEL	oletion C	of this form is NO' $4BH$	data will appear on the part a substitute for filing and (B) RESIDENCE: (CITY  LUD WOLGS  inted on the patent):	assignment. and STATE OR C BURG 7	OUNT	CRY) RMANY	71638
4a The following fee(s) Issue Fee Publication Fee (N	Vo small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 504-627 (enclose an extra copy of this form).					
	os SMALL ENTITY state	ıs. See	37 CFR 1.27.	D b. Applicant is no long	ger claiming SMAl	LL EN	FITY status. See 37 CF	R 1.27(g)(2).
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